

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between MARY L. EDWARDS, a single woman, who acquired title as joint tenants with full rights of survivorship and not as tenants in common with Charles F. Edwards, who passed away on November 17, 1997, a copy of the death certificate is attached as Exhibit "A" to this deed, Grantor, and PATRICK NELSEN and NANCY NELSEN, husband and wife, Grantees,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantees to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantees, as tenants by the entirety with full right of survivorship and not as tenants in common, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of Mississippi, and more particularly described as follows, to-wit:

Lot 7, Section A, Davall Hills Subdivision, in Section 23, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 18, Page 26-27, in the office of the Chancery Clerk of DeSoto County, Mississippi.

TO HAVE AND TO HOLD unto the Grantee, his/her heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.

c:\property\wd

STATE MS.-DESOTO CO.
FILED

AUG 5 10 02 AM '99

BK 356 PG 772
W.E. DAVIS CH. CLK.

2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.

3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

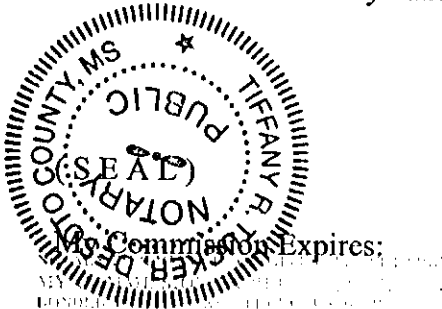
IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 29th day of July, 1999.

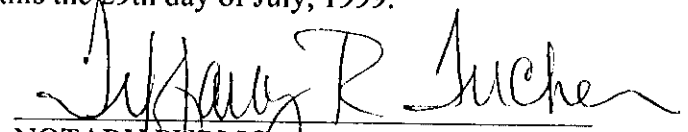

MARY L. EDWARDS

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, MARY L. EDWARDS, a single woman, who acknowledged that he/she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 29th day of July, 1999.




NOTARY PUBLIC

ADDRESS OF GRANTOR:

8750 N. 11 BRANCH
SOUTH AVEN, MS. 38671
Home: 601-895-2814
Work: None

ADDRESS OF GRANTEE:

4208 Davall
Olive Branch, Mississippi 38654
Home: 601-280-5066
Work: 800-946-4746

PREPARED BY AND RETURN TO:
HOLCOMB DUNBAR, P.A.
P. O. BOX 190
SOUTHAVEN, MS 38671-0190
(601) 349-0664

FILE# 899499/STD

STATE OF MISSISSIPPI

BK 0356 PG 0774

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

EXHIBIT

A

| | | | | | | | |
|------------------------------|---|---|--|--|---|-------------------------------------|--------------------------------------|
| TYPE OR PRINT WITH BLACK INK | FILING DATE | DEC 11 1997 | | CERTIFICATE OF DEATH | | STATE FILE NUMBER | 123. |
| DECEASED | 1. NAME | First | Middle | Last | 2. SEX | 3a. HOUR OF DEATH | 3b. DATE OF DEATH (Month, Day, Year) |
| | CHARLES FRANKLIN EDWARDS, SR. | | | | MALE | 6:25A m | NOVEMBER 17, 1997 |
| | 4. RACE (Specify White, Black, American Indian, etc.) | 5a. AGE AT LAST BIRTHDAY | 5b. MOS | 5c. DAYS | 5d. HOURS | 5e. MINS | 6. DATE OF BIRTH (Month, Day, Year) |
| | WHITE | 72 | Years | | | | APRIL 2, 1925 |
| | 7b. CITY OR TOWN OF DEATH | 7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) | | | 7d. IF IN HOSP. OR INST. SPECIFY - INPT., OUTPT., EMER. RM. OR DOA | 8. STATE OF BIRTH | |
| | OLIVE BRANCH | 4208 DAVALL DR. | | | NONE | MS. | |
| | 9. DECEDENT'S EDUCATION (Specify only highest grade completed) | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 11. SURVIVING SPOUSE (If wife, give maiden name) | | 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) | | |
| | Elementary School (0-12) 6 | College (1-4) 5+ | MARRIED MARY L. SKELTON | | YES | | |
| | 13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) | 14. SOCIAL SECURITY NUMBER | 15a. USUAL OCCUPATION (Kind of work done most of working life) | | 15b. KIND OF BUSINESS OR INDUSTRY | | |
| | AMERICAN | 426-30-4587 | DRIVER | | SPECTOR TRUCK LINES | | |
| | 16a. RESIDENCE--STATE | 16b. COUNTY | 16c. CITY OR TOWN | 16d. INSIDE CITY LIMITS (Specify Yes or No) | 16e. STREET AND NUMBER OR RURAL LOCATION | | |
| | MS. | DESOTO | OLIVE BRANCH | YES | 4208 DAVALL DR. | | |
| PARENTS | 17. FATHER--NAME | First | Middle | Last | 18. MOTHER--NAME | First | Middle |
| | HUGH CARL EDWARDS | | | | MARY IDOTHA NEEDHAM | | |
| INFORMANT | 19a. INFORMANT--NAME (Type or print) | | | | 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) | | |
| | MARY L. EDWARDS | | | | 4208 DAVALL DR. OLIVE BRANCH, MS. 38654 | | |
| DISPOSITION | 20a. BURIAL, CREMATION, REMOVAL (Specify) | 20b. CEMETERY, CREMATORY--NAME | 20c. LOCATION (City and State) | 21a. EMBALMER--SIGNATURE AND NUMBER | | | |
| | BURIAL | FOREST HILL, SOUTH | MEMPHIS, TN. | DAVID KELLER #4327 TN. | | | |
| | 21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER | 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) | | | | | |
| | FOREST HILL, FUNERAL HOME | 2545 E. HOLMES RD. MEMPHIS, TN. 38118 | | | | | |
| PRONOUNCEMENT | 22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) | | | | 22b. PRONOUNCED DEAD (Month, Day, Year) | 22c. PRONOUNCED DEAD (Hour, Minute) | |
| | Bill Baldwin, M.D. | | | | ON 11/17/1997 | AT 1:15A m | |
| CERTIFIER | 23a. CERTIFIER--NAME (Type or print) | | | | 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) | | |
| | Jeffery Pounders | | | | 4942 Pounders Rd. Nesbit, MS. 38651 | | |
| | 24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated | | | | 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated | | |
| | SIGNATURE | | | | SIGNATURE | | |
| | 24b. DATE SIGNED (Month, Day, Year) | | | | 24f. TITLE | | |
| | 24c. STATE LICENSE NUMBER | | | | Desoto, MS | | |
| | 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) | | | | 24g. DATE SIGNED (Month, Day, Year) | | |
| | | | | | 12/3/1997 | | |
| CAUSE OF DEATH | 25. PART I. IMMEDIATE CAUSE (Enter one cause only) | | | | | | Interval between onset and death |
| | (a) Cancer Of Lungs & Liver | | | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) | | | | | | Interval between onset and death |
| | (b) | | | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) | | | | | | Interval between onset and death |
| | (c) | | | | | | |
| | 26. PART II. OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I | | | | | | |
| | 27. AUTOPSY (Yes or No) | 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) | | | | | |
| | No | Yes | | | | | |
| | 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) | 29b. DATE OF INJURY (Month, Day, Year) | 29c. HOUR OF INJURY | 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED | | | |
| | | | | | | | |
| | 29e. INJURY AT WORK (Yes or No) | 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) | 29g. LOCATION | Street or route number City or town State | | | |
| | | | | | | | |

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

DEC 12 97

WARNING:

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